

United States Environmental Protection Agency Office of Drinking Water Washington, DC 20460  <b>EPA</b> <b>UIC Federal Reporting System</b> <b>Part II: Compliance Evaluation</b> <b>Significant Noncompliance</b> (This information is solicited under the authority of the Safe Drinking Water Act)				I. Name and Address of Reporting Agency  Indiana Department of Natural Resources Division of Oil and Gas 402 W. Washington St., Rm. 293 Indianapolis, IN 46204							
II. Date Prepared (month, day, year)		III. State Contact (name, telephone no.)		IV. Reporting Period (month, day, year)							
1/14/2004		Jim AmRhein (317) 232-6961		From: 10/1/2003				To: 12/31/2003			
Item				Class and Type of Injection Wells							
						II					
					I	SWD 2D	ER 2R	HC 2H	III	IV	V
	Total Wells	A	Number Wells with SNC Violations			1	16				
V Summary of Significant Non-Compliance (SNC)	Total Violations	B	1. Number of Unauthorized Injection Violations			0	1				
			2. Number of mechanical Integrity Violations			1	14				
			3. Number of Injection Pressure SNC Violations			0	1				
			4. Number of plugging and Abandonment Violations			0	0				
			5. Number of SNC Violations of Formal Orders			0	0				
			6. Number of Other Falsification SNC Violations			0	0				
			7. Number of Other SNC Violations (Specify)			0	0				
VI Summary of Enforcement Against SNC	Total Wells	A	Number of Wells with Enforcement Actions Against SNC			1	15				
	Total Enforcement Actions	B	1. Number of Notices of Violation			0	0				
			2. Number of Consent Agreements			0	0				
			3. Number of Administrative Orders			1	15				
			4. Number of Civil Referrals			0	0				
			5. Number of Criminal Referrals			0	0				
			6. Number of Well Shut-Ins			0	0				
			7. Number of Pipeline Severences			0	0				
	For Fluid Migration	D	8. Number of Other Enforcement Actions (Specify)			0	0				
VII Summary of Compliance	Number of Wells in SNC Returned to Compliance	A. This Quarter				2	25				
		B. This Year				2	31				
VIII Contamination	Number of Cases of Alleged Contamination of a USDW					0	0				
IX Well Closure	Class IV/ Endangering Class V Well Closures			Involuntary Well Closure							
				Voluntary Well Closure							
X Remarks/ Ad Hoc Report (Attach additional sheets)											
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.											
Signature and Typed or Printed Name and Title of Person Completing Form Jim AmRhein, Assistant Director Permitting and Compliance						Date 1/14/2004		Telephone No. (317) 232-4055			